

PATENT APPLICATION DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number:  
**10/508975**

CLAIMS AS FILED - PART I

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  |               |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 11 minus 20 = |              |
| INDEPENDENT CLAIMS  | 3 minus 3 =   |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| SMALL ENTITY TYPE <input type="checkbox"/> |     | OTHER THAN SMALL ENTITY |     |
|--|-----|-------------------------|-----|
| RATE                                       | FEE | RATE                    | FEE |
| BASIC FEE                                  |     | BASIC FEE               | 920 |
| XS 9=                                      |     | XS 18=                  |     |
| X43=                                       |     | X86=                    |     |
| +145=                                      |     | -290=                   |     |
| TOTAL                                      |     | TOTAL                   | 920 |

| SMALL ENTITY     |                | OTHER THAN SMALL ENTITY |                |
|------------------|----------------|-------------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                    | ADDITIONAL FEE |
| XS 9=            |                | XS 18=                  |                |
| X43=             |                | X86=                    |                |
| +145=            |                | +290=                   |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE        |                |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| XS 9=            |                | XS 18=           |                |
| X43=             |                | X86=             |                |
| +145=            |                | +290=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | RATE             | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| XS 9=            |                | XS 18=           |                |
| X43=             |                | X86=             |                |
| +145=            |                | +290=            |                |
| TOTAL ADDIT. FEE |                | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.